



City of Cambridge

O-16
AMENDED ORDER
IN CITY COUNCIL
August 10, 2015

VICE MAYOR BENZAN
COUNCILLOR MCGOVERN
COUNCILLOR SIMMONS

- WHEREAS: Opioids are pain relieving medication that reduce the intensity of pain signals reaching the brain and affect areas in the brain controlling emotion; medications that fall within this class include hydrocodone, oxycodone, morphine, codeine, heroin and related drugs;
- WHEREAS: Opioids can also produce drowsiness, mental confusion, nausea, constipation, and depending upon the amount taken, Opioids depress respiration; and
- WHEREAS: Taken as prescribed, opioids can be used to manage pain safely and effectively; however, when abused, just a single large dose can cause severe respiratory depression and death; depressed respiration can affect the amount of oxygen that reaches the brain, which can have short- and long-term psychological and neurological effects, including coma and permanent brain damage; and
- WHEREAS: The Department of Public Health's Statistics show that the growth in opiate abuse and related deaths from heroin and prescription drugs began in the late 1990's and has grown at an alarming rate over the years; and
- WHEREAS: Learn to Cope, a non-profit statewide support group, as well as other addiction experts, blame the rise in addiction rates and deaths on the increase in the ability of prescription pain relievers, such as OxyCotin and Vicodon, which began in the mid-1990's; and
- WHEREAS: The Massachusetts Prescription Monitoring Program found that the number of prescriptions for Schedule 2 opioids, including OxyCotin, steadily increased from about half a million in 1992 to about 4.5 million in 2012; and
- WHEREAS: In the United States, Opiate overdose continues to be a major health problem that has increased to almost 17,000 deaths per year; and

- WHEREAS: Massachusetts is experiencing an opioid epidemic where the number of unintentional fatal opioid overdoses increased by 90 percent from 2000 to 2012; and according to the Massachusetts Department of Public Health's June 10, 2014 Opioid Task Force Report, there were 668 opioid-related deaths in 2012 and 1,256 opioid-related deaths in Massachusetts in 2014; and these alarming opioid related deaths surpassed the number of people in the State killed by car accidents and guns combined; and
- WHEREAS: Since the early 2000s, the age group reporting the highest level of heroin use has shifted from the 35-to-49 cohort to those between 26 and 34 according to the annual U.S. Department of Health and Human Services' Substance Abuse and Mental Health Services Administration 2011-2012 survey; and
- WHEREAS: The flood of prescription drugs introduced teens and college-aged people to opiates, eventually leading some to try heroin when they can no longer get prescription drugs; while a pill of OxyCotin can cost between 80 to 100 dollars, a bag of heroin, which provides the same effect, is 10 or 15 dollars; and heroin use leads to deterioration of the brain's white matter, affecting decision-making abilities and responses to stressful situations; and
- WHEREAS: This is biggest public health epidemic that our state and region is faced with right now; and
- WHEREAS: It is self-evident from simply walking through the Public Squares, such as Central Square, that our City is not immune to this epidemic; and given the risks for public safety, our City must address this issue aggressively; and
- WHEREAS: Our City is fortunate to have the Department of Public Health and numerous nonprofits and support groups that have been working tirelessly to address this issue but perhaps without the benefit of all the resources that could be made available by assessing this community in crisis; this epidemic impacts everyone in our City and region; and
- WHEREAS: The City must work towards increasing its capacity to deal with this crisis; it requires all stakeholders, government officials, and community members to stem the dramatic increase in opioid-related deaths, drug abuse, and homelessness in the City; and
- WHEREAS: The City must examine the need for more treatment beds; provide education on addiction for professionals who care about women and pregnant mothers; and work towards making Naloxone, commercially known as Narcan, more widely available; and look at feasibility of making treatment of opioid dependence more available and a public health policy priority; now therefore be it
- ORDERED: That the appropriate City departments in conjunction with other stakeholders, such as the Salvation Army, Cambridge Overcoming Addiction, and other non-profits that they conduct a survey of opioid-related deaths and persons struggling with the epidemic that are frequenting our squares, particularly Central Square; and be it further
- ORDERED: That the appropriate City departments conduct a survey of residents located around Central Square about any concerns that they might have about this crisis as evidence by them; and be it further

ORDERED: That his honor the Mayor be and here by is requested to schedule a roundtable discussion with the public, persons in recovery, victims, family of victims, Middlesex District Attorney, civic or retired Drug Court judges, local non-profits, City staff from appropriate departments, and other stakeholders to examine implementation strategies and appropriate additional funding to ensure that we have the capacity to treat growing numbers of persons dealing with opioid drug abuse, mental health-related issues and homelessness; and be it further

ORDERED: The appropriate City departments report back the results of the survey to the City Council in a timely manner.

In City Council August 10, 2015
Adopted as amended by the affirmative vote of nine members.

Attest:- Donna P. Lopez, City Clerk

A true copy;



ATTEST:-

Donna P. Lopez, City Clerk

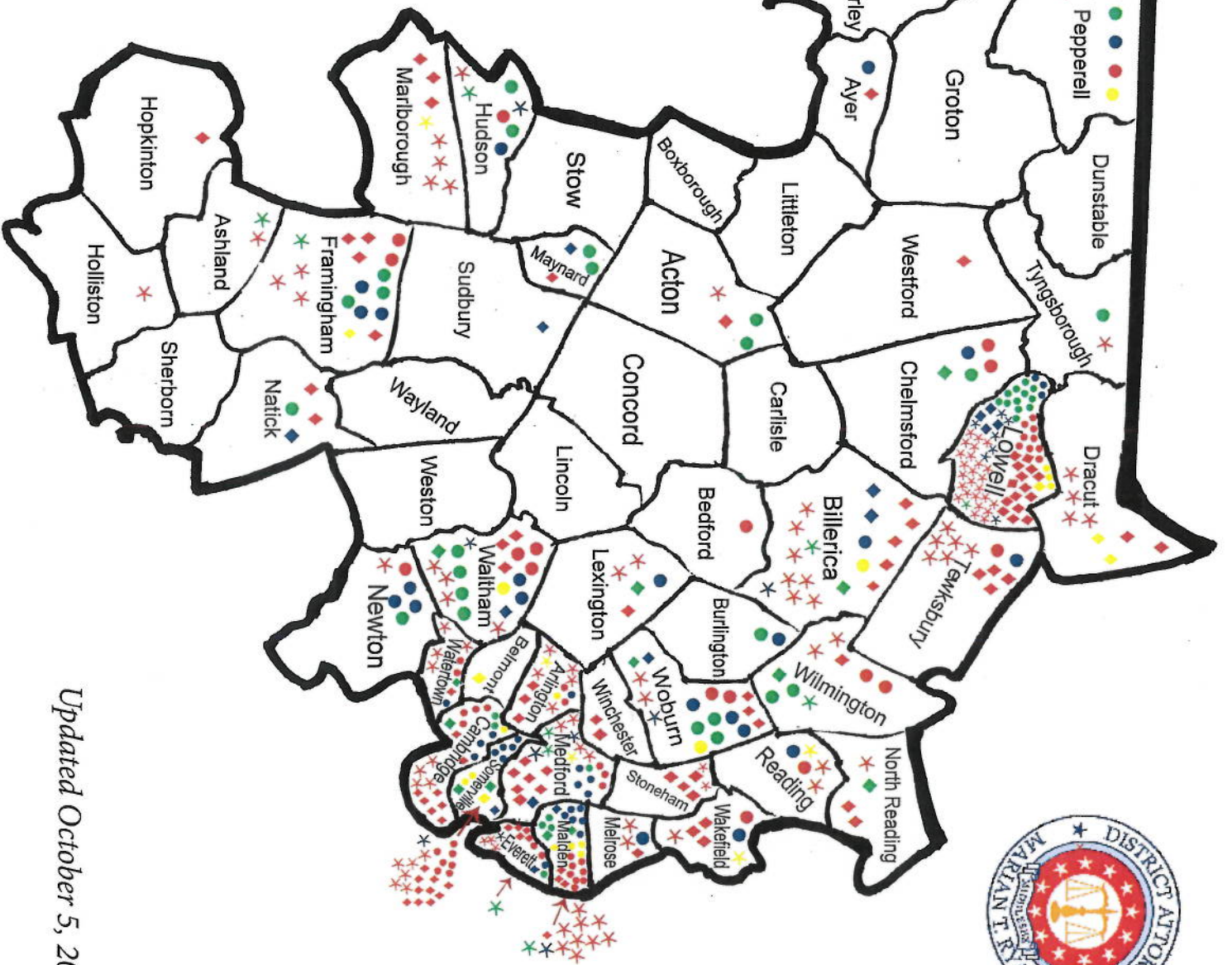


Middlesex County

Drug-Related Deaths 2012-2015

- HEROIN
- OPIATES/
PRESCRIPTION DRUGS
- COCAINE
- OTHER/PENDING
- ◇ 2014 ANY COLOR
- ★ 2015 ANY COLOR

2012 - 65 deaths; 20 from Heroin
 2013 - 80 deaths; 33 from Heroin
 2014 - 145 deaths; 103 from Heroin
 2015 - 147 deaths (as of 10.5.15)



Updated October 5, 2015



Middlesex County Fatal Overdose Statistics

- As of October 5, 2015, there have been 147 deaths in Middlesex County to which State Police Detectives have responded. Of that, 110 have been attributed to heroin.
- In 2014, there were 145 deaths; 103 of those were from heroin.

Year	Total Deaths	Heroin Deaths
2015	147	110
2014	145	103
2013	80	33
2012	65	20



Responding to the Opioid Crisis: A Multipronged Approach

- ♦ Focusing on large-scale drug distribution and those who profit from opioid addiction through multi-agency, intragovernmental investigations.
- ♦ Developing investigatory policies to aid in the identification of drug profiteers (implemented a policy to collect cell phones at the scene of an overdose death to zero in on drug distribution rings).
- ♦ Providing communities with Drug Collection Boxes that allow members of the public to safely dispose of unused medication (to date, boxes have been donated to 36 communities).
- ♦ Sponsoring county-wide drug destruction days for municipalities to clear out their drug collection units.
- ♦ Using revenue from the 94C Section 47 Drug Forfeiture process to provide Middlesex County first responders with doses of Narcan (approximately 540 doses to date).
- ♦ Regionalizing efforts among stakeholders to set priorities, develop strategy, streamline activities and allocate resources more effectively.
- ♦ Partnering with healthcare professionals, child welfare advocates and law enforcement to create trauma-informed interventions and long-term service plans for children who witness a family member overdose.
- ♦ Drafting and filing legislation to create new laws and improve existing laws (pending bills would restrict access to opiates; regulate NBOMe, a new synthetic drug; and provide a charging option for drug distributors who cause death).
- ♦ Hosting trainings for healthcare providers and dentists on risk assessment and chronic pain management.
- ♦ Hosting train-the-trainer seminars for first responders on how to administer Narcan.
- ♦ Organizing education forums for community partners.

Key Accomplishments

- ♦ Advocated for the May 2014 opening of the Lowell Drug Court (thirty-five individuals have been accepted to the Court for substance abuse monitoring and treatment).
- ♦ Established the Lowell Opioid Task Force and the Eastern Middlesex Opioid Task Force.
- ♦ Launched Mobile Public Policy Dialogue Forum ("Crafting a Solution from the Inside"), involving a panel of recovering opioid users who discuss their personal experiences and offer corresponding policy recommendations.
- ♦ Partnered with Hallmark Health System and other stakeholders to develop a collaborative model to address maternal substance use disorders, providing wraparound services to mothers and substance exposed newborns (an outgrowth of MDAO's *Safe Babies, Safe Kids Task Force*).
- ♦ Created a Realtor Education Program to raise awareness about the importance of securing medication during the home selling process.



An Act to Limit Access to Opiates H. 2083

Lead Sponsor: Representative Chris Walsh

Impetus

It is well known that opiates are incredibly addictive and are among the most abused types of substances currently available. Because emergency rooms and walk-in clinics have limited contact with a patient (and rely chiefly on self-reports by the patient rather than full knowledge of a person's medical history), these highly addictive substances can easily be overprescribed in these settings. Similarly, abusers seek out emergency rooms and walk-in clinics to feed their addiction. Limiting these short-term medical providers to prescriptions of only up to 72 hours will encourage proper follow up and supervision by a long-term healthcare provider.

Need

- Short-term medical providers are unable to provide the supervision necessary when prescribing opiates.
 - Short-term medical providers are targeted by abusers to feed their addiction.
-

Legislative Fix

- Limit the quantity of opiates an emergency room or walk-in clinic can prescribe to 72 hours' worth of opiates to encourage follow-up care and supervision by a long-term healthcare provider.



An Act to Regulate NBOMe, A Dangerous Synthetic Drug H. 1155

Lead Sponsor: Representative Cory Atkins

Impetus

In November of 2013, the Drug Enforcement Administration labeled a new dangerous, cheap, and powerful drug, NBOMe, as a Schedule 1 controlled substance, the most serious classification that exists under Federal Law. Massachusetts law *does not* recognize these dangerous substances. Overlooking the severity and toxicity of such a lethal substance invites overdose, violence, and erratic behavior to the state of Massachusetts.

Need

- Massachusetts law categorizes controlled substances by assigning them to a class. NBOMe is not classified under the statute.
- There have been confirmed cases in Concord, Worcester, Quincy, Boston, Norton and Hatfield; suspected cases of NBOMe in Acton, Westford, and Chelmsford; and suspected overdoses in East Bridgewater and Scituate.
- Reports from medical examiners and toxicology labs link NBOMe to the death of at least 19 individuals, aged 15 to 29 years, in the U.S. between March 2012 and August 2013, either from ingestion of the drug alone, or ingestion of the drug that lead to deadly risk-taking behavior.
- NBOMe is often purchased online and delivered anywhere.

Legislative Fix

- Include the dangerous drug NBOMe as a Class B controlled substance.
- Add three different compounds of the controlled substance NBOMe to the statute.
- Police will now be able to seize this dangerous substance as well as make arrests. District Attorneys can prosecute the possession, distribution, and sale of these dangerous substances.



An Act to Punish Drug Distribution Causing Death

H. 1243

Lead Sponsor: Nick Collins

Impetus

Since the year 2000, heroin overdose rates have quadrupled in the United States. The opiate crisis in Massachusetts speaks to the need for new strategies in combatting the illicit drug industry. Placing culpability directly on individuals who profit from people in the throes of addiction is a start. District Attorneys should have the option of filing an appropriate charge against drug profiteers whose activities lead to the death of a drug user.

Need

- No appropriate charge currently exists that would hold accountable persons involved in the manufacturing, distribution or sale of illicit drugs that result in an overdose death.
- Over the last three years, State Police Detectives from the Middlesex District Attorney's Office investigated 342 deaths attributed to drug overdoses.
- Between 2013 and 2014, there was an 81% increase in overdose deaths county wide.
- During a 10 day period in March of 2015, 22 overdose deaths occurred in Massachusetts.
- Since January 1, 2015, 63 deaths have occurred in Middlesex County -- just 2 less than in *all* of 2012. At this rate, Middlesex County can expect to have roughly 220 drug-induced deaths in 2015.

Legislative Fix

- Provides District Attorneys with the option of filing an appropriate criminal charge when a person's illegal drug-related activity is the proximate cause of an overdose death.
- Gives judges broad discretion to impose a sentence commensurate with one's role in the death of a drug user.

Cambridge Public Health Department Talking Points

City Council Roundtable, October 5, 2015

- Good Evening. My name is Claude Jacob and I serve as the Chief Public Health Officer at Cambridge Health Alliance and oversee the operations of the Cambridge Public Health Department.
- I want to thank city leaders and the community for their long-standing commitment to this issue.
- Addiction is a complex and devastating disease. Here in Cambridge, we've seen lives derailed and families struggling to help their loved ones.
- In a recent health department survey, where we queried over 1,600 residents, workers and visitors here in the city as a part of health assessment report that was released in 2014. In addition, over 90 individuals shared their priority concerns which included city officials, community leaders, youth, seniors, immigrants and housing authority residents:
 - 2 out of 5 respondents identified alcohol and other substance abuse as a **top social and economic issues affecting health in Cambridge.**
 - 19% of survey takers identified alcohol and other substance abuse as a **top health concern affecting themselves, their family, or their close social circle**
- As we know, opioid addiction does not respect municipal boundaries. This is especially true for densely populated, geographically compact communities, such as Cambridge.
- We have a fluid population of students, commuters, and visitors. We're also a hub for people in the region seeking substance abuse treatment and homeless services.

- With opioid-related deaths at an all-time high in Massachusetts, it is time to renew our commitment by ensuring that all of us—city and community partners, as county and state partners—are working together to strategically and creatively address this problem.
- The good news is that we have a strong foundation for moving forward.
- Many of the partnerships we need are already in place as you will hear through some of the illustrations shared this evening.
- A framework for addressing substance abuse is laid out in the 2015 City of Cambridge Community Health Improvement Plan.
- Mental Health/Substance Abuse was selected as one of the four priority areas based on findings from the assessment along with subsequent planning sessions.
- And as you'll hear tonight, city and community partners are designing and piloting innovative programs for turning the tide on addiction.
- I am joined by member of my staff who will provide a short presentation about the role that our department plays here in the city as well as a part of a four-city regional collaborative that has been established since 2013.
- I would like to thank the members of the Cambridge City Council, and the City Manager for this opportunity.
- I also would like to thank our partners in public safety (police, fire, EMS), the array of community collaborators as well as the clinical and counseling teams at Cambridge Health Alliance for the ongoing support made available to our department as we work to assure the linkages to the medical and counseling services for all those who live, learn, work and play here in the city on a daily basis.

Public Health Response to the Opioid Crisis in Cambridge

CAMBRIDGE PUBLIC HEALTH DEPARTMENT

Keisha Ormond, MPH and Tali Schiller, MPH
Cambridge Public Health Department

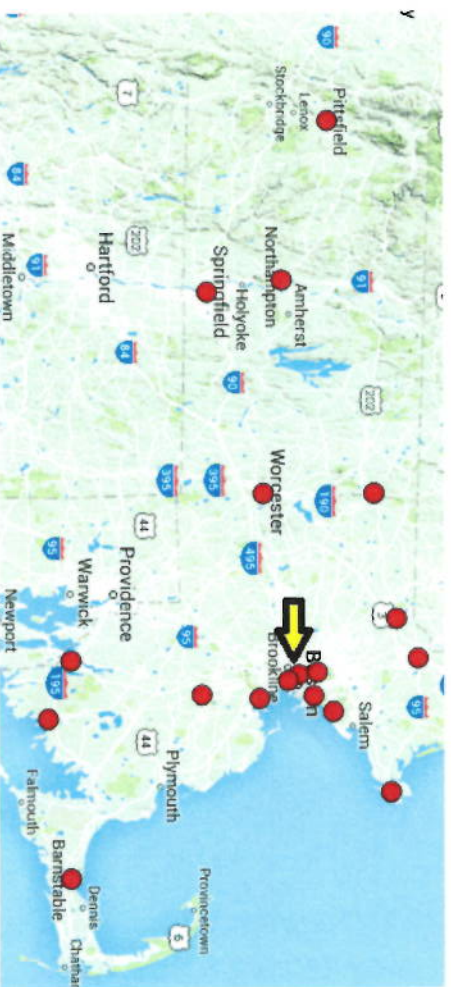
Today's Presentation

- What is OPEN?
- Epidemiology of the opioid epidemic
- Our strategies
- Current events
- Next steps

OPEN:

Overdose Prevention and Education Network

- Started in 2008, expanded in 2013
- New incarnation funded by Bureau of Substance Abuse Services
- 4 city collaborative
 - Cambridge
 - Everett
 - Somerville
 - Watertown
- Goal of OPEN
 - Implement local policy, practice, systems and environmental change to prevent and reduce the misuse of opioids and unintentional deaths and non-fatal hospital events associated with opioid poisonings



Cambridge Health Alliance

CAMBRIDGE PUBLIC HEALTH DEPARTMENT



Public Health
Prevent. Promote. Protect.



Overdose Prevention & Education Network

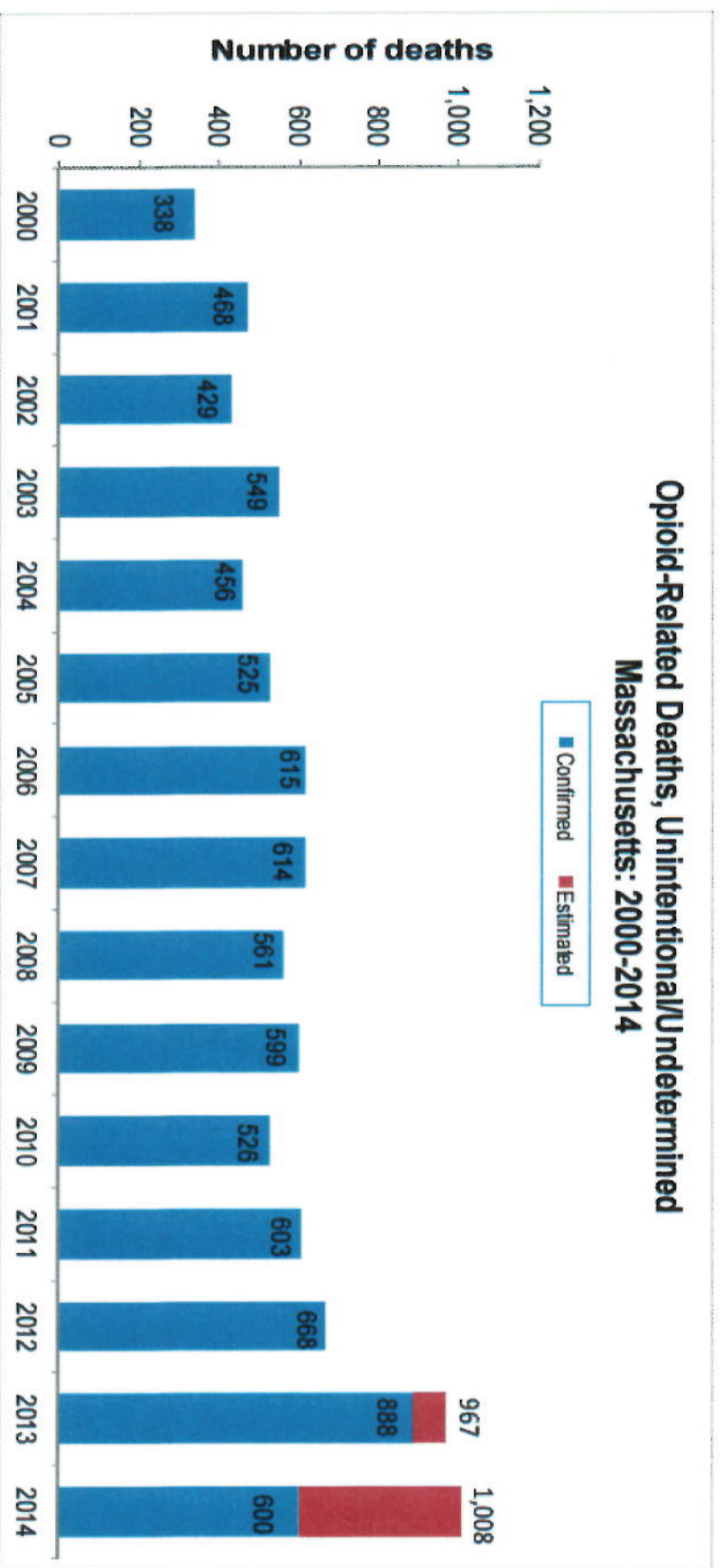
OPEN

OVERDOSES ARE PREVENTABLE.

You can save a life -- learn how at

www.odprevention.org

Opioid-Related Deaths in MA, 2000-2014



The Opioid Crisis in Cambridge

- 2012 Admissions Rate to State-funded Treatment Programs by Primary Substance: 292.3 per 100,000
 - Increasing over time (205.6 in 2007)
 - Highest rates among white males above the age of 40
- 2012 Opioid-related mortality: 7.3 per 100,000
 - Fatal OD increasing over time (5.7 in 2007)
 - Highest rates among white males, 40-44 years old
 - Does not take non-fatal overdose into account
- Stakeholder Interviews

Cambridge Strategies

- Promote safe storage and disposal of prescription medications as a community-wide measure to reduce opioid misuse.
- Promote the Good Samaritan Law
- Educate medical providers, pharmacists, teens, and their parents about the risks associated with non-medical use of prescription drugs
- Educate users, bystanders, pharmacies, and prescribers about OD prevention and response





WITNESSING AN OVERDOSE? CALL 9-1-1

[ABOUT US](#)

[COMMUNITIES](#)

[OPIOIDS](#)

[OVERDOSE PREVENTION](#)

[POLICY AND LAWS](#)

[RESOURCES](#)



The Overdose Prevention & Education Network

SERVING THESE **MASSACHUSETTS** COMMUNITIES



What is currently happening?

- Medication disposal
 - Disposal kiosk at CPD
 - Drug take-back and hazardous waste days
- Coalition-building
- OPEN website promotion (odprevention.org)
- OD surveillance pilot
- Learn to Cope meetings

Community Health Improvement Plan

- 2-year process to identify the city's major health needs and developing solutions
- Describes goals, objectives, and strategies for making progress in 4 health priority areas
- *Mental Health and Substance Abuse* chosen as 1 of 4 main priority areas
 - Outlines specific objectives over next 5 years

Community Partners

- AIDS Action Committee/Needle Exchange Program
- Cambridge Police Department
- Pro EMS
- Cambridge Health Alliance
 - Healthcare for the Homeless
- Cambridge Fire Department
- CASPAR, Inc. and Eliot Community Human Services
- Learn to Cope
- North Charles, Inc.

Next Steps

- Promote medical disposal to elder communities
- Develop a Good Samaritan campaign targeted to current users that utilizes AAC's outreach staff
- Re-instate the detention intervention program
- Educate student athletes and their parents about non-medical use of prescription drugs
- Disseminate Rx misuse brochures to prescribers and pharmacists

Thank you!



CAMBRIDGE PUBLIC HEALTH DEPARTMENT
Cambridge Health Alliance



Public Health
Prevent. Promote. Protect.

An epidemic of opiate addiction and prescription drug abuse is sweeping the country. Young people and communities need to be educated on opiate and prescription drug use. It doesn't matter what your zip code, education level, or income is; addiction knows no boundaries. Addiction can begin with a legitimate prescription for pain or as an experiment that turns into a chronic disease. Many young lives have been lost and this is a tragedy.

About Learn to Cope

Learn to Cope is a peer-led support organization for parents and family members coping with a loved one addicted to opiates or other drugs.

Our members are people who love their children deeply, yet still find their families damaged by addiction.

In partnership with the Massachusetts Department of Public Health, Learn to Cope has chapters in cities and towns across Massachusetts.



LEARN to COPE

A peer-led support network for families dealing with addiction and recovery

I founded Learn to Cope in 2004 out of desperation to help my son and to offer others the support and resources that I would have benefited from when my family was in crisis.

Today my son and others like him are in long-term recovery. The road to recovery is long, but the more family members can educate themselves and support each other, the better they will be able to cope with their family member's substance use. If you're struggling with a loved one's addiction, Learn to Cope can help you find the strength, resources, and hope you need during this difficult time.

Joanne Peterson

Joanne Peterson

Executive Director, Learn to Cope

www.learn2cope.org



[facebook.com/L2CHope](https://www.facebook.com/L2CHope)



@L2CHope

Coping with a loved one addicted to opiates or other drugs?

There is hope. You are not alone.



LEARN to COPE

A peer-led support network for families dealing with addiction and recovery

LEARN TO COPE offers:

- Weekly meetings where our members share experiences, resources and strategies from their own journeys as they help their loved ones to treatment and recovery from opiates and other drugs.
- A private, 24/7 online discussion board.
- Guest speakers including individuals in long term recovery and addiction professionals.
- Training in overdose prevention and the administration of nasal Narcan, a drug that reverses potentially fatal overdoses, keeping the hope of recovery alive for many families.
- Educational programs and speaking events at health fairs, schools and community organizations.

Times and locations are subject to change. Please visit the "Meetings" section on www.learn2cope.org for the latest information, or call 508-738-5148 with any questions.

MEETINGS

BROCKTON

Mondays 7-8:30PM
Independence Academy
460-R Belmont Street
Use 500 Belmont St. in GPS. Entrance is in rear of building

CAMBRIDGE

Mondays 7-8:30PM
Spaulding Hospital
1575 Cambridge Street
3rd Floor Chapel
Use free visitor Parking Lot E on Hovey Ave.

DEDHAM

STARTING 9/30/15
Wednesdays 7-8:30PM
Mother Brook Arts & Community Center
123 High Street

FRAMINGHAM

Wednesdays 7-8:30PM
Edward M. Kennedy Community Health Center (Framingham Center) 354 Waverly Street, 3rd Floor—Conference Room C

GARDNER

Tuesdays 7-8:30PM
Heywood Hospital
242 Green Street
Conf. Room A—Main Entrance

GLOUCESTER

Wednesdays 7-8:30PM
Rose Baker Senior Center
6 Manuel F. Lewis St.

GREENFIELD

Tuesdays 7-8:30PM
Greenfield Community College Main Building, 2nd floor, C-208 Multipurpose Room

HAVERHILL

Thursdays 7-8:30PM
North Shore Community College
Haverhill Campus
100 Elliot Street
RM SC-106 (Student Center), Parking in lot 2

HOLYOKE

Thursdays 7-8:30PM
Providence Behavioral Health Hospital
1233 Main St. (Route 5) 1st Floor Auditorium

LOWELL

Wednesdays 7-8:30PM
Saints Medical Center
1 Hospital Drive

NEW BEDFORD

Tuesdays 7-8:30PM
St. Luke's Hospital
101 Page Street
White home to the right of ER entrance

NORWELL

Thursdays 7-8:30PM
Longwater Place Building
141 Longwater Drive
Enter in blue entrance of building to Café

PITTSFIELD

Tuesdays 7-8:30PM
Berkshire Medical Center - Cancer Center HEAL Community Room
165 Tor Court

PLYMOUTH

STARTING 10/5/15
Mondays 7-8:30PM
Beth Israel Deaconess Hospital

275 Sandwich Street
Funkhouser Rooms A&B
Lower level of Bailey Building

QUINCY

Tuesdays 7-8:30PM
Quincy Peer Recovery Center
85 Quincy Avenue
Entrance under the white awning

SALEM

Thursdays 7-8:30PM
Salem Hospital
81 Highland Ave

Davenport Conference Room 102A
Park behind hospital by Shaughnessy/ Spaulding North

Use back entrance Room on the right

TAUNTON

Wednesdays 7-8:30PM
Parker Middle School
60 Williams Street
Library

TEWKSBURY

Tuesdays 7-8:30PM
Tewksbury Memorial High School
320 Pleasant Street

WORCESTER

Thursdays 7-8:30PM
ADCARE Hospital
107 Lincoln Street
Conference Room:
BCRB, one floor down from lobby

YARMOUTH

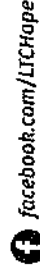
Tuesdays 7-8:30PM
Yarmouth Police Headquarters
1 Brad Erickson Way
Use GPS address 340 Higgins Crowell Rd.



LEARN to COPE

A peer-led support network for families dealing with addiction and recovery

www.learn2cope.org



[@L2Chape](https://facebook.com/LITChape)

[@L2Chape](https://facebook.com/LITChape)



Cambridge City Council Roundtable
Cambridge City Hall

Monday, October 5, 2015

AGENDA

I. Opening Remarks

II. State-Level/County Partnerships

- Secretary of Health & Human Services Marylou Sudders
- Middlesex County District Attorney Marian Ryan
- First Justice Roann Sragow, Cambridge District Court

III. City Departmental Updates

- Public Health
- Fire
- Police

IV. Community Partnerships

- Cambridge Needle Exchange Program
- Cambridge Health Alliance
- Learn to Cope

V. Questions and Answers



TO: Richard C. Rossi, City Manager
FROM: Claude-Alix Jacob, Chief Public Health Officer
DATE: September 30, 2015
SUBJECT: Response to Policy Order #16, adopted 8/10/15

Excerpt of Order: That the appropriate City departments in conjunction with other stakeholders, such as the Salvation Army, Cambridge Overcoming Addiction, and other non-profits that they conduct a survey of opioid-related deaths and persons struggling with the epidemic that are frequenting our squares, particularly Central Square; and be it further that the appropriate City departments conduct a survey of residents located around Central Square about any concerns that they might have about this crisis as evidenced by them; and be it further that his honor the Mayor be and hereby is requested to schedule a roundtable discussion with the public, persons in recovery, victims, family of victims, Middlesex District Attorney, civic or retired Drug Court judges, local non-profits, City staff from appropriate departments, and other stakeholders to examine implementation strategies and appropriate additional funding to ensure that we have the capacity to treat growing numbers of persons dealing with opioid drug abuse, mental health-related issues and homelessness; and be it further the appropriate City departments report back the results of the survey to the City Council in a timely manner.

Full text: http://www2.cambridgema.gov/cityClerk/PolicyOrder.cfm?action=search&item_id=50668

Opioid Addiction: A National Public Health Crisis

The United States is in the midst of an opioid epidemic that has accelerated in recent years. Opioids are the class of drugs that includes heroin and prescription pain medications like OxyContin.

Public health experts believe this crisis is being driven by increased supply and availability of prescription pain medications, which are highly addictive and a gateway drug to heroin. As noted by the Centers for Disease Control and Prevention: "There has not been an overall change in the amount of pain that Americans report, yet the amount of prescription painkillers dispensed in the U.S. quadrupled between 1999 and 2013."¹

Deaths from prescription pain medications have also quadrupled since 1999, killing more than 16,000 people in the U.S. in 2013.²

The National Institute on Drug Abuse believes that several factors have contributed to the current prescription drug abuse problem:

- Drastic increases in the number of prescriptions written and dispensed.
- Greater social acceptability for using medications for different purposes.
- Aggressive marketing by pharmaceutical companies.

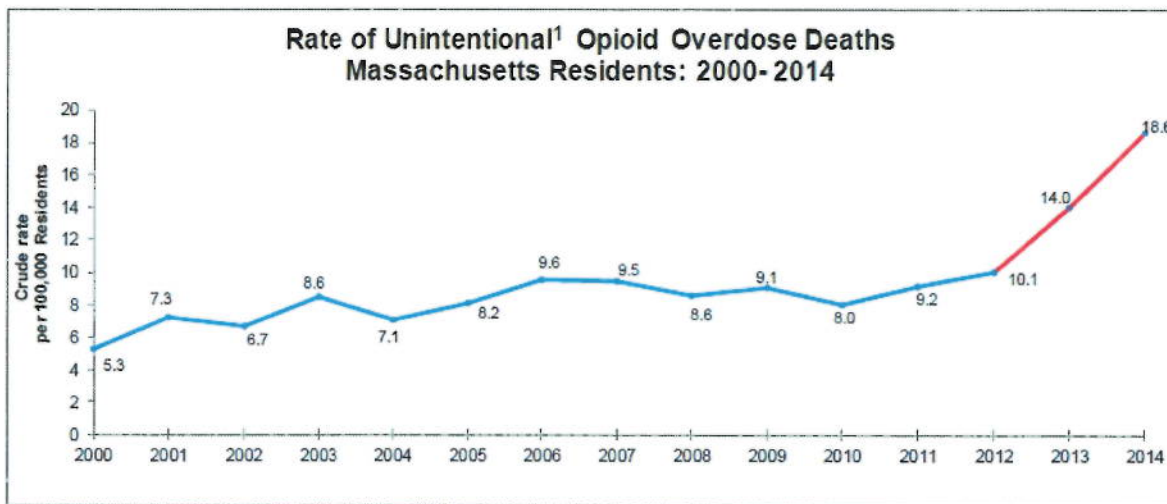
Together, these factors have helped create the broad "environmental availability" of prescription medications in general and opioid analgesics in particular.³



Nationally, there is growing evidence that some people who abuse prescription opioids are shifting to heroin as prescription drugs become less available or harder to abuse (as a result of abuse deterrent formulations).⁴ In some states, including Massachusetts, heroin is cheaper and more accessible than prescription pain medications.

Statewide Response to the Opioid Crisis

The state government began addressing the harm of opioids in 2004, when 456 Massachusetts residents died of an opioid overdose. By 2012, the rate of unintentional opioid overdose deaths among Massachusetts residents had reached a level previously unseen in the Commonwealth (see chart below from the Massachusetts Department of Public Health).⁵



¹ Unintentional includes unintentional and undetermined intents to account for a change in policies related to assignment of manner of death in overdose deaths that occurred in 2005. Opioids include heroin, opioid-based prescription painkillers, and other unspecified opioids. This report tracks opioid-related overdoses due to difficulties in identifying heroin and prescription opioids separately.

In March 2014, Governor Deval Patrick declared a public health emergency in Massachusetts in response to the growing opioid addiction epidemic. The Governor directed the Massachusetts Department of Public Health to take several action steps to combat overdoses, stop the crisis from getting worse, help those already addicted to recover, and map a long-term solution to ending widespread opioid abuse in the Commonwealth.

In early 2015, Governor Charlie Baker appointed an 18-member expert panel to develop recommendations to address the opioid crisis. Recommendations from this group were released in June 2015, along with Governor Baker's Action Plan to Address the Opioid Epidemic in the Commonwealth.

Cambridge Response to the Opioid Crisis

Opioid addiction is a complex disease that can devastate the lives of people who become users. The disease also profoundly impacts family, friends, and the broader community. The following section describes the opioid situation in Cambridge and how the community is responding.

Impact

People who become addicted to prescription or street opioids come from all walks of life. As noted previously, experts believe that the current crisis in the nation (including Massachusetts) is being fueled by the availability of prescription pain medications, which are highly addictive and a gateway drug to heroin.

Opioid addiction does not respect municipal boundaries. This is especially true in eastern Massachusetts with its densely populated, geographically compact communities. Cambridge, specifically, has a fluid population of students, commuters, and visitors. It is also a hub for people in the region seeking substance abuse treatment and support services, as well as homeless services.

For these reasons and until more precise, real-time data become available, it is challenging to separate what is happening in Cambridge with regard to opioids versus from what is happening among Cambridge residents. Here is a snapshot of data available to the Cambridge Public Health Department.

A. Cambridge Residents

Admissions to Treatment Programs

2013 Admissions Rate to State-funded Treatment Programs by Primary Substance
Crude rate per 100,000 persons

Primary Substance	Cambridge Residents	MA Residents
Heroin	272.0	790.7
Injected heroin	237.7	655.9
Other, non-heroin opioids	37.1	129.9

Source: Massachusetts Department of Public Health, Bureau of Substance Abuse Services. Substance Abuse Treatment Programs 2013. Accessed May 13, 2015.

Opioid-Related Hospitalizations and Mortality

The Massachusetts Department of Public Health tracks and analyzes opioid-related hospitalizations and deaths by municipality, county, and the state as a whole. While MDPH has the most reliable data available for opioid-related hospitalizations and fatalities, the data tend to be a few years old because the state must wait for all investigations to be completed before releasing official statistics. As of September 2015, the most updated information available through MDPH is 2012 opioid-related hospitalizations and mortality data.

Hospitalizations⁶

- The overall age-adjusted rate of non-fatal opioid-related hospitalizations among Cambridge residents in 2012 was 292.3 per 100,000 persons, an increase from the 2007 rate of 205.6 per 100,000 persons.
- Age: Individuals above the age of 40 have the highest rates of hospitalization.
- Race/ethnicity: Over time, the rate of hospitalizations has been highest among white, non-Hispanic individuals with a 10-year average of 296.9 per 100,000 persons compared to black, non-Hispanic individuals (221.3 per 100,000 persons) and Hispanic individuals (277.9 per 100,000 persons). However, these gaps appear to be closing over time.
- Gender: Regarding gender, the hospitalization rate is highest among men (362.1 per 100,000 persons) compared to women (231.3 per 100,000 persons).

Mortality

- The most current (2012) age-adjusted opioid-related mortality rate among Cambridge residents (7.3 per 100,000 persons) is lower than the rates for Massachusetts (10.7 per 100,000 persons) and Middlesex County (7.4 per 100,000 persons).⁷
- Fatal overdoses are increasing over time. Just five years ago (2007), the Cambridge mortality rate for opioid overdoses was 5.7 per 100,000 persons.⁷
- Age: Fatal opioid overdoses occur most often in white men age 40-44 years. When comparing age groups, the age-specific mortality rate is substantially higher in the 40-44 year age group (57.3 per 100,000 persons), followed by 60-64 (22.0 per 100,000 persons) and 50-54 (21.2 per 100,000 persons).⁷
- Race/ethnicity: The age-adjusted opioid-related mortality rate in 2012 was 10.9 per 100,000 for white, non-Hispanic individuals, an increase from the 2007 rate of 6.6. At the same time, rates have remained relatively low for other race/ethnicity groups.⁷
- Gender: The age-adjusted mortality rate is higher among men (10.0 per 100,000 persons) compared to women (4.6 per 100,000), a relatively constant trend over time.⁷
- Raw data: In terms of raw data, there were 5 unintentional opioid-related deaths among Cambridge residents in 2012; 5 in 2013; and 5 in 2014, according to the Massachusetts Department of Public Health.⁸ However, these numbers could change once additional Massachusetts cases for 2013 and 2014 are confirmed by the state Medical Examiner's Office.

Please note: The fact that the numbers of deaths among Cambridge residents is relatively low does not take into account potentially fatal overdoses that were reversed using naloxone (see next section).

B. Opioids in Cambridge

Overdose Reversals

- In 2014, the Cambridge Fire Department and Pro EMS successfully treated 100 patients with Narcan (naloxone) in Cambridge for suspected opioid overdoses.
- For the period of January 1, 2015 through June 30, 2015, this number was 48 patients.
- It is important to remember that naloxone administered by emergency responders is only one piece of the overall picture because of the expanding availability of naloxone to other

organizations and individuals. For instance, the Needle Exchange and Overdose Prevention Program (NEP), a program of AIDS Action Committee, serves as a state pilot site for providing free Narcan (naloxone) kits and trainings so that family and friends can reverse potentially fatal overdoses. Between July 1, 2014 and June 30, 2015, 51 overdose reversals that occurred in Cambridge (using NEP Narcan kits) were reported to the pilot program. These reversals reflect only those reported to NEP, and likely underestimate the true number of reversals that occurred using NEP kits.

C. Community Impact

Living on the street-getting high is a numbing technique. Recreational use is actually rare when you are homeless. People say, 'What do I have to get sober for? I live in a shelter. My life is a nightmare.'

—Needle Exchange and Overdose Prevention Program staff interview, 2013

I am so tired of the drunken, drugged and transient community pan handling and otherwise making it uncomfortable to walk around Harvard Square and Central Square. I have a young teenager and I do not feel safe having her walk through either square. I have witnessed drug deals while I am walking to the T, have seen people drinking at 8 AM right on the sidewalk. Surely there is a way to address this.

—Cambridge Public Toilets Survey: Residents, Workers & Visitors, 2013

Over the past two years, the Cambridge Public Health Department has gathered information from the community, as well as data, about the scope and impact of opioid and other types of substance abuse on Cambridge. This work has included:

- **2013 Opioid Assessment Report.** In October 2013, the Cambridge Public Health Department (through a contract with the Institute for Community Health) completed a four-city assessment report for the state-funded OPEN (Overdose Prevention Education Network) coalition, which is comprised of Cambridge, Everett, Somerville, and Watertown.
- **2013 Public Toilets Survey.** The health department conducted an online survey in 2013 about public toilets in Cambridge, which was completed by nearly 850 individuals. While substance abuse was not a topic of the survey, a small number of respondents—including residents and people who run local businesses—provided comments that expressed concerns about the negative impact of public drug use.
- **2014 City of Cambridge Community Health Assessment.** In May 2014, the health department produced a comprehensive health assessment for the city. The assessment report reflected broad participation of people who live and work in Cambridge:
 - In interviews and small focus groups, over 90 people shared their priority health concerns, perceptions of community challenges and strengths, and envisioned opportunities for the future. Participants included city officials, community leaders, youth, seniors, people of color, immigrants, and housing authority residents, among others.

- Over 1,600 people who live, work, or spend time in Cambridge completed the 2013 Community Health Assessment Survey.
- Based on available data and input from the community, substance abuse was identified as a top health concern in Cambridge.
- **2015 City of Cambridge Community Health Improvement Plan.** *Mental and Behavioral Health and Substance Abuse* was selected as one of the four priority areas for the city's community health improvement plan (CHIP), based on findings from the assessment and subsequent planning sessions with city and community leaders. The CHIP outlines specific objectives for addressing opioid prevention and treatment over the next five years.

Key findings regarding substance abuse from the 2013 Community Health Assessment survey⁹

- 42% of survey takers identified *alcohol and other substance abuse* as a top social and economic issues affecting health in Cambridge.
- *Alcohol and other substance abuse* ranked as the #3 social and economic issue in Cambridge, after *lack of affordable housing* and *homelessness*.
- 19% of survey takers identified *alcohol and other substance abuse* as a top health concern affecting themselves, their family, or their close social circle.
- 3% of survey takers identified *prescription drug abuse* as a top health concern affecting themselves, their family, or their close social circle.
- Only 7% of respondents indicated they were very satisfied or extremely satisfied with the availability of alcohol or drug treatment services in Cambridge.

Key findings from the 2013 Cambridge opioid assessment¹⁰

- Data provided by Pro EMS, the leading private ambulance service in Cambridge, indicated 273 opioid overdose reversals by Narcan occurred in Cambridge during 2007-2012. Roughly half of these reversals were identified as Cambridge residents while another 19% had “unknown” residential status (including homeless).
- Death certificate data reviews from 2010-2012 confirmed there were four overdose fatalities among Cambridge **residents**, and an additional 15 overdose fatalities that occurred in Cambridge among **non-residents**.
- Three stakeholder interviews with representatives from the Cambridge Needle Exchange and Overdose Prevention Program, Cambridge Police Department, and Pro EMS were conducted in September 2013. Among their observations:
 - *Opioid use is market driven—when price goes down, use goes up.*
 - *Opioid users include lots of non-Cambridge people who come here for resources.*
 - *Major pockets: Central Square, Harvard Square.*
 - *Lots of use and overdoses in restaurants and public restrooms.*
 - *“Travelers” are frequent users.*

(Note: “Travelers” are nomadic and often homeless young adults who beg for money in Harvard Square during the warmer months. The presence of “travelers” has been linked to increases in open drug use, public intoxication, panhandling, and criminal activity in Harvard Square.)

- *People of all ages come in (to the Cambridge needle exchange), including more young people these days. We've broken out of 'just the guys from Albany Street shelter.' Now they come from all over, even outside of Cambridge.*
- *Narcan is always busy (at the Cambridge needle exchange). People are always enrolling. We have had a lot of people coming in lately because they found out their kids are using.*

Cambridge Response

The Cambridge Public Health Department works closely with city and community partners to raise awareness about the disease of addiction and to develop strategies for preventing opioid misuse and abuse, as well as preventing opioid-related overdoses and deaths.

City and community partners are taking a strategic approach to addressing the impact of the statewide opioid crisis on Cambridge. These efforts are focused on both “upstream” prevention—such as encouraging residents to safely store and dispose of prescription pain medications—to saving lives by expanding the availability of naloxone, a drug that reverses the effects of a heroin overdose.

Many organizations and groups are involved in the local opioid crisis response, including:

- AIDS Action Committee (Needle Exchange and Overdose Prevention Program)
- Cambridge Fire Department
- Cambridge Health Alliance
- Cambridge Police Department
- Cambridge Public Health Department
 - OPEN (Overdose Prevention & Education Network)
 - Cambridge Prevention Coalition
- Cambridge-Somerville Healthcare for the Homeless
- CASPAR, Inc.
- Eliot Community Human Services
- Emergency Medical Services (Pro EMS, Cataldo EMS)
- Institute for Health and Recovery
- Learn to Cope
- North Charles, Inc.

City and community partners offer a comprehensive range of services across the continuum of substance abuse care – prevention, intervention, treatment, and recovery support.

The following section is a summary of initiatives that the Cambridge Public Health Department is either directly involved with or aware of through the department’s affiliation with Cambridge Health Alliance.

Coordination, Coalition-Building and Information-Sharing

- **2015 City of Cambridge Community Health Improvement Plan** – The Cambridge Public Health Department is facilitating the implementation of city’s first ever community health improvement plan (CHIP), which is setting the city’s health agenda for

the next five years. *Mental and Behavioral Health and Substance Abuse* is one of the four CHIP priority areas. The CHIP outlines specific objectives for addressing opioid prevention and treatment over the next five years.

- **OPEN: Regional Coalition Around Opioid Prevention** – The Cambridge Public Health Department is the lead agency for the four-city opioid coalition, known as OPEN (the Overdose Prevention and Education Network) that also includes the communities of Everett, Somerville, and Watertown. As the lead, CPHD coordinates regional and Cambridge-specific activities to raise awareness about prescription opioid safety and prevent overdoses.

OPEN is funded through a three-year, \$300,000 grant from the Massachusetts Department of Public Health's Bureau of Substance Abuse Services, which was awarded to the Cambridge Public Health Department in 2013. The grant is renewable for two 2-year contracts, for a total of seven years. OPEN, currently in Year 3 of the grant, is working on implementing strategies across the four communities.

- **Community Forum – Opioid Community Summit** – In May 2015, the OPEN coalition hosted a community meeting in Somerville, "Saving Lives Together: An Opioid Community Summit," in which over 40 people brainstormed strategies for preventing youth drug use, raising community awareness, supporting long-term sobriety, and involving families in the community response.
- **Data Collection & Information-Sharing** – CPHD, other city agencies, and community partners are working together to gather and analyze local data, so that timely information can be shared with the public, media, partners, and policy-makers.

As an example, the Cambridge Public Health Department is developing an overdose surveillance system with community partners to better understand fatal and nonfatal overdoses in Cambridge. This project is partially funded through CHNA 17 Determination of Need funds from Mount Auburn Hospital. The system will pull from a number of sources, including (but not limited to) the Cambridge Fire Department and Pro EMS, the Needle Exchange and Overdose Prevention Program, and Cambridge area hospitals to help identify hotspots and trends and to allocate resources as needed. This newly developed system will provide information in near real-time. The health department expects the system to "go live" in 2016.

Prevention

- **Education.** OPEN is providing local information and resources to prescribers, pharmacists, adolescents, and their parents about the dangers of non-medical use of prescription drugs. This is currently being accomplished primarily through the OPEN website (<http://odprevention.org>), Twitter account (@OPENCambridge), and community events.
- **Safe Medication Storage and Disposal**
 - People in Cambridge can anonymously deposit unwanted prescription medication at a secure kiosk in the lobby of the Cambridge Police Department, 24 hours a day, 7 days a week. In addition, the Cambridge Police, in partnership with OPEN, sponsor prescription take back days twice a year, in April and September. Residents can also

dispose of unwanted medication, including prescription pain medications, at the city's four household hazardous waste collection days held each year:

- The Cambridge Police Department collected a total 17,134 lbs. of medication between 2010-2014 at take back events, household hazardous waste collection days, and the police station kiosk.

Intervention

- **Cambridge Fire Department/Pro EMS** – The Cambridge Fire Department leads emergency medical services for the City of Cambridge. Through a partnership with the city, Pro EMS provides 911 and non-emergency transport services to the Cambridge service area. Both the fire department and Pro EMS deploy paramedics and/or emergency medical technicians (EMTs) to overdose incidents in Cambridge. In these situations, either fire or Pro EMS personnel administer Narcan to patients, as appropriate. As a result, it is important to maintain the adequate staffing capacity of first responders to address this increasing trend here in the city.
- **Needle Exchange and Overdose Prevention Program** – AIDS Action Committee's Needle Exchange and Overdose Prevention Program distributes and exchanges syringes to injection drug users, and offers a range of other services. The program also provides free Narcan kits and trainings so that family and friends can reverse potentially fatal overdoses. The needle exchange and OPEN also work to promote the Good Samaritan Law, which protects people from prosecution who call 911 to report an overdose for possession of controlled substances; Narcan training and use for bystanders and first responders; and the opportunity for treatment and recovery.

Treatment

Planning

To increase the number of residents who have access to mental/behavioral health and substance abuse services in Cambridge, the *2015 City of Cambridge Community Health Improvement Plan* outlined strategies that will be implemented by city and community partners over the next five years. Relevant CHIP strategies include:

- Conduct an assessment of the existing number of mental/behavioral health care and substance abuse providers/resources currently available for adults, adolescents, and children at each level of care to support collaboration and efficient use of resources among providers.
- Increase home-based supports for substance abuse and mental/behavioral health recovery.
- Ensure that patients have adequate support to effectively navigate and access mental/behavioral health and substance abuse services.
- Advocate for parity in coverage for physical and mental/behavioral health to improve access, financial protection, and increase appropriate utilization of mental/behavioral health services.
- Explore funding options for relapse prevention.
- Train and support community providers to enroll uninsured residents.
- Promote health care access points/points of entry that are racially, culturally, and linguistically appropriate.

Providers

Cambridge Health Alliance has developed programs that provide services in community-based settings to reduce the stigma attached to substance use.

Services include:

- Screening and Brief Intervention and Referral to Treatment in CHA primary care centers, which is an evidenced-based public health model to provide universal screening, secondary prevention, early intervention, and treatment. CHA's office-based opioid treatment program delivers care, through collaboration and integration with primary care, at its Central Street Care Center in Somerville and three CHA primary care practices in Cambridge: Windsor Street Care Center, Inman Street Care Center, and Cambridge Primary Care Center at Cambridge Hospital.
- Outpatient Addictions Service, located at the Central Street Health Center in Somerville, offers a number of treatment options, including intensive relapse prevention and recovery programs.
- E-prescription pilot project – In July, CHA became the first health system in Massachusetts to pilot Hands Free Authentication, a technology that gives medical providers a secure direct line of communication to the pharmacy, with the aim of reducing doctor shopping, fraud, and drug diversion. CHA expects that all CHA providers who are able to prescribe controlled substances will be enrolled in the system by the end of 2015.
- Other activities – Through its affiliation with North Charles, Inc., located in Cambridge, CHA provides a comprehensive model of methadone treatment. Additionally, CHA has teamed with local first responders to help them administer Narcan (naloxone) and works closely with several community agencies, including CASPAR in Somerville and the Institute of Health and Recovery in Cambridge, to connect patients with the appropriate levels of care.

Mount Auburn Hospital's Prevention and Recovery Center offers intervention, treatment services, and outpatient addiction support via individual and group therapy. The center also provides talk therapies focused on abstinence, maintenance, and relapse prevention as it pertains to all addictions.

Recovery Support

- **Learn to Cope Support Group** – This free weekly support group offers experienced facilitators, resources, informational material, guest speakers, and free Narcan kits and training for families and caregivers of people who have addictions to opioids, alcohol, or other drugs. The support group meets Monday evenings at Spaulding Rehabilitation Hospital in Cambridge. The Cambridge group was established by the city in 2013, and has approximately 30 to 35 regular attendees. Learn to Cope is a Massachusetts-based nonprofit.
- **Cambridge Recovery Coach Access Program** – People struggling with addictions often hit significant obstacles when seeking services to assist in their recovery, including

limited options for treatment and a lack of post-intervention follow-up. This pilot project will connect trained coaches at Pro EMS with people who are high users of emergency services and seeking recovery services. The recovery coaches will assist clients in navigating Massachusetts' complex system of recovery services, as well as advocate on their behalf. Clients will be identified by the Cambridge Police Department and Cambridge Health Alliance (CHA) Health Care for the Homeless and emergency department staff. The recovery coach project is a collaboration of Pro EMS (lead agency), Cambridge Health Alliance, the Cambridge Police Department, and the Cambridge Public Health Department.

City Council Roundtable Discussion

Mayor David P. Maher is hosting a City Council roundtable discussion in October to examine implementation strategies and appropriate additional funding to ensure that the city has the capacity to treat growing numbers of persons dealing with opioid drug abuse, mental health-related issues, and homelessness.

The Mayor's Office invites the public, people in recovery, and people who are currently using opioids and their families to participate in this community forum. The Mayor's Office is also inviting the Middlesex District Attorney, drug court judges, local non-profits, City staff from appropriate departments, and other stakeholders to attend the meeting. The roundtable discussion will take place on Monday, Oct. 5 from 5:30 p.m. to 7 p.m., in the Sullivan Chamber at Cambridge City Hall.

¹ Centers for Disease Control and Prevention. <http://www.cdc.gov/drugoverdose/data/index.html>. Accessed August 22, 2015.

² Centers for Disease Control and Prevention. National Vital Statistics System mortality data. (2015). <http://www.cdc.gov/nchs/deaths.htm>. Accessed August 22, 2015.

³ National Institute on Drug Abuse. (2014). "America's Addiction to Opioids: Heroin and Prescription Drug Abuse." <http://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2015/americas-addiction-to-opioids-heroin-prescription-drug-abuse>. Accessed Sept. 14, 2015.

⁴ Ibid.

⁵ Massachusetts Department of Public Health Bureau of Substance Abuse Services. (2014). "Opioid Overdose Response Strategies in Massachusetts." <http://www.mass.gov/eohhs/docs/dph/substance-abuse/opioid/overdoseresponsestrategies.pdf>. Accessed Sept. 14, 2015.

⁶ Massachusetts Division of Health Care Finance and Policy. Uniform Hospital Discharge Dataset System 2012. Accessed September 3, 2015.

⁷ Massachusetts Department of Public Health, Bureau of Health Statistics, Research and Evaluation. Registry of Vital Records and Statistics 2012. Accessed September 3, 2015.

⁸ Massachusetts Health and Human Services. "Overdose Deaths by City/Town." July 2015. <http://www.mass.gov/eohhs/docs/dph/quality/drugcontrol/county-level-pmp/overdose-deaths-city-town-july-2015.pdf>. Accessed September 16, 2015.

⁹ Cambridge Public Health Department. 2014 City of Cambridge Community Health Assessment. <http://www.cambridgepublichealth.org/policy-practice/public-health-accreditation/assessment.php>. Accessed September 14, 2015.

¹⁰ Institute for Community Health. (2013). Massachusetts Opioid Abuse Prevention Collaborative Assessment Report: Cambridge, Everett, Somerville, Watertown. Unpublished.